EXHIBIT C

Case 00-10120-9WZ , Duc 839	PRO	OF OF CLAIM	.40 Γαί	J e 2 01 12	
Name of Debtor	Case Nu	ımber			∽ .
USA Commercial Mortgage Company	1	725-LBR	Polin HANBOR O		gre gre
NOTE See Reverse for List of Debtors and Case Numbers		T	1 700		
This form should not be used to make a claim for an administrative	expense	Check box if you are	'		
ansing after the commencement of the case A "request" for payme administrative expense may be filed pursuant to 11 U S C § 503	ent of an	aware that anyone else has filed a proof of claim relating	IF YOU ARE O	NLY OWED MONEY BY	A RODDOWED
Name of Creditor and Address		to your claim Attach copy of	WHOSE LOAN	IS BEING SERVICED E	BY THE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		statement giving particulars	DEBTORS YOU	U DO <u>MOT</u> HAVE TO FII IIS INCLUDES MONEY I	LE A PROOF
11321242036	3391	Check box if you have	BORROWER H	IELD IN THE COLLECT!	ON ACCOUNT
ROUTSIS THALIA P O BOX 4311		never received any notices			
INCLINE VILLAGE NV 89450		from the bankruptcy court or BMC Group in this case	DO NOT FILE	THIS PROOF OF CLAIM EREST IN A BORROWE	FOR A
		_ '	ONE OF THE	EREST IN A SURRUWE EBTORS.	K INALIS NOI
	ļ	Check box if this address differs from the address on the	If you have a	aiready filed a proof of ck	aim with the
Creditor Telephone Number (7) 83/338/		envelope sent to you by the court.	Bankruptcy Cot	art or BMC you do not no	sed to file again
Last four digits of account or other number by which creditor identifit	na debtem	COUIL	THIS SP/	VCE IS FOR COURT	USE ONLY
1719, 1434, 1701	es Generi.	Check here replace or if this claim amen	0.000000000	sly filed claim dated _	
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S		Unremitted pri	
Goods sold Personal injury/wrongful death			- • •		
Services performed Taxes		salanes, and compensation (f	III out below)	Other claims a (not for loan be	igainst servicei
Money loaned Other (describe bnefty)		digits of your SS #		(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
	Oripaid 6	ompensation for services per	formed from	to	
2 DATE DEBT WAS INCURRED 1// 30/01	2 E C(OURT JUDGMENT, DATE O		(date)	(date)
4 CLASSIFICATION OF CLAIM Check the anomorists have at house.	that best descri	he wait dain and state the array	B!AINED		
			int of the claim &	t the time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim, or exceeds the value of the property securing it, or if c) none or only part or entitled to refer the control of the property securing it.	b) your claim	a night of setoff)	ur claım is sec	ured by collateral (incl	luding
Citatod to bitolity	your claim is	- Brief description of	aniintai		
UNSECURED PRIORITY CLAIM		·	_	_	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate	Motor Vehic	le 📙 Other	
Amount entitled to priority \$		Value of Collateral	\$		
		Amount of arrearage and	d other charge:	s at time case filed in	cluded in
Specify the priority of the claim		secured claim, if any \$			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B))	Up to \$2,225* of deposits towar	d nurchase leas	e or rental of property or	
Wages salaries, or commissions (up to \$10 000)* earned within 180 da before filing of the bankruptcy petition or cessation of the debtor's	rys	services for personal, family or	household use -	11 USC § 507(a)(7).	
Standas wischever is earlier - 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to gove	emmental units -	11 USC § 507(a)(8)	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Li	Other - Specify applicable parag	praph of 11 US (C § 507(a) ()	
TOTAL AMOUNT OF CLAIM \$		* Amounts are subject to adjust with respect to cases commence	ment on 4/1/07 a	nd every 3 years thereaf	ter
AT TIME CASE FILED \$	<u>S</u> C	,000 \$	ou on an aner use		
(unsecured)	(se	munds.	(pnority)	\$ 50,000	
Check this box if claim includes interest or other charges in addition to	the principal ar	mount of the claim. Attach item	zed statement d	(100) 	al)
SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , contracts, court judgments, mortgages, security	Criments and	uucted for the purpose of ma	king this proof	of claim	
running accounts, contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the	<i>Antonio.</i> suci / agreements.	and evidence of perfection of	ese orders, inv	oices, itemized staten	nents of
DOCUMENTS If the documents are not available, explain if the DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	documents -			1 OF ITO OKIGINAL	1
proof of claim	···· ·································	म जवागा, enclose a stamped,	self-addressed	envelope and copy o	f this
The original of this completed proof of claim form must be set ACCEPTED) so that it is actually received on or hefore 5.00 m.	nt by mail or	hand delivered (EAVEC NO			
ACCEPTED) so that it is actually received on or before 5 00 per for each person or entity (including individuals, permarables	n prevailing	Pacific time, on November	13. 2006	THIS SPACE FOR	
Governmental unite)	corporations	i, joint ventures, trusts and		OGE ONL	.*
BY MAIL TO- BMC Group	BY HAND OF	OVERNIGHT DELIVERY TO		FILED NOV	10 200
Attn USACM Claims Docketing Center P O Box 911	OMC Group	M Claims Docketing Center			- 0 200
El Segundo CA 90245-0911	133U Last F	ranklin Avenue			
	El Segundo	CA 90245			
SIGN and print the name and title, if any of this claim (attach copy of power of attor	ne credingo rorot mey ifany)	ner person authorized to file		USA CM	6
11/8/66 (1) lie tu	lan				
make the same of t	V	·····	J		E 1 1 1

Case 06_10725_00000 Rac 8595.	–3coÆr	ntered 07/16	MAMAA	16ങ∡Ω _{ം ⊿} Pഛ	າຄ=3 ∩f 12
Case 06-10785-00725-00-2595	PRO	OF OF C	LAIM	rage I on	200 01 12
ne of Debtor	Case Nu	mber			
USA Commercial Mortgage Company	06-107	725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if aware that anyon filed a proof of clato your claim. At	e else has am relating		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and Address SCOTT, JACQUELINE 306 TORREY PINES DAYTON NV 89403	1	statement giving Check box if never received ar from the bankrup BMC Group in thi Check box if	you have ny notices tcy court or s case	DEBTORS YOU OF CLAIM THIS BORROWER HE DO NOT FILE TH	DO <u>NOT</u> HAVE TO FILE A PROOF IS INCLUDES MONEY FROM THAT ILD IN THE COLLECTION ACCOUNT HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
		differs from the a envelope sent to	ddress on the	Bankruptcy Cour	ready filed a proof of claim with the tor BMC you do not need to file again
Creditor Telephone Number () 775- 246- 2-654		court.		THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	debtor	Check here if this claim	replace or amer	a previousi	y filed claım dated
1 BASIS FOR CLAIM	Retiree b	enefits as define	ed in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	-	salaries and con	•	fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe bnefly)	Unpaid o	ompensation for	services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED //- 30- 05	3 IF C	OURT JUDGME	NT, DATE O	BTAINED 4	1-13-06
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	be your claim and	state the amo		
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED	CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) yexceeds the value of the property securing it or if c) none or only part of you		14-4	this box if yo of setoff)	our claim is secu	red by collateral (including
entitled to priority		Bnef de	escription of	collaterai	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		☑ Rea	al Estate	Motor Vehicle	e Other
entitled to priority Amount entitled to priority			of Collateral		9, 600, 000
Specify the priority of the claim		secured cla	ım ıfany	š	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for pers	onal family o	r household use 1	e or rental of property or 11 U S C § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Other - Specify a	pplicable para	graph of 11 USC	11 U S C § 507(a)(8) § 507(a) ()
					nd every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	50	,000	\$		\$ 50,000
(unsecured)	•	ecured)		(pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal a	amount of the clau	n Attach iter	nized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credi 7 SUPPORTING DOCUMENTS Attach copies of supporting documents controls and advantage of supporting documents.	<i>ments</i> , su	ch as promissory	notes, purc	hase orders, inv	oices itemized statements of
running accounts contracts, court judgments, mortgages security as DOCUMENTS If the documents are not available, explain. If the do					1 SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	filing of y	our claim enclos	e a stamped	l, self-addressed	l envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevailin	g Pacıfic tıme, c	n Novembe	г 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units)	•	OR OVERNIGHT D	•		
BMC Group	BMC Grou	ip .			
P O Box 911		CM Claims Dock Franklin Avenue			
El Segundo, CA 90245-0911	El Segund	o, CA 90245			
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorned)		other person author	onzed to file		
16-13-06	· · · · · ·		/		

FORM B10 (Official Form 10) (10/05)

· • • • • • • • • • • • • • • • • • • •					
United States Bankruptcy Court SOUTHERN	Dis	TRICT O	F NEVADA 10		PROOF OF CLAIM
Name of Debtor	Case	Number	A 511	it Paris -	+
USA COMMERCIAL MORIGAGE CO.		06-	10 725 16	<u>1</u> 	4
NOTE: This form should not be used to make a claim for an administrative expense ma	strainve exp ny be filled	ense ansm pursuant ti	o 11 U.S.C. 1843	nent	la Ali 106
Name of Creditor (The person or other entity to whom the debtor owes money or property) SIMMTEX; INC. H. NEVADA CAP.	cise you	has filed	you are aware that anyon a proof of claim relation ttach copy of statement lars	g to	T*
Name and address where notices should be sent			you have never received he bankruptcy court in	thic	
SED BARISH	Case	•		RI	CD MAY 1 5 200
2011 OAK ST, SAN FRANCISCO, CA 9447 Telephone number	addi the	ress on the court,	he address differs from envelope sent to you b	-	THIS SPACE IS HOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor			□ replaces □ amends à previous	aly filed	claim, dated
1. Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	J	☐ Re☐ Wa	turee benefits as define ages, salaries and com- st four digits of your s apaid compensation for m	ed in 11 opensati SS#	U S C. § 1114(a) on (fill out below)
2. Date debt was incurred:	3.	If cour	t judgment, date obt	ained:	
11/30/2-005 4. Classification of Claim. Check the appropriate box or boxes the	at best des	oribe vous	colours and state the ex	mount o	f the claum at the time case files
See reverse side for important explanations	MI DESIDES	-	ed Claim	MOORE O	the cultin at the time case the
Unsecured Nonpriority Claim 5		by c	Theck this box if your o	laım ıs :	secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	r claim, or none or	a right	of setoff)		0
only part of your claim is entitled to priority					PALLY HARBOR ONE chicle Other
Unsecured Priority Claim		1	Real Estate D M		
Check this box if you have an unsecured claim all or part of ventitied to priority	NUICH 18	Amour		r charge	es at tume case filed included in
Amount entitled to priority \$		L			
Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of			es for personal, family,		hase, lease, or rental of property schold use - 11 U.S.C.
(a)(1)(B)		Taxes or	penalties owed to gove	ernment	al units - 11 U.S C § 507(a)(8)
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankrupicy petition or cessation of the debt	or's L		• • • •	•	f II USC § 507(a)()
business, whichever is earlier - 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)					07 and every 3 years thereafter after the date of adjustment.
5. Total Amount of Claim at Time Case Filed:	2		\$ 50,000 0	<i>2</i>	\$50,000,00
Check this box if claim includes interest or other charges in additional charges.	dition to th	(unaccure e principa			nonty) (Total) itemized statement of all
6. Credits: The amount of all payments on this claim has been	credited a	nd deduc	ted for the purpose of	T	HIS SPACE IS HER COURT US ONLY
making this proof of claim.				discountries	<u></u>
 Supporting Documents: Attach copies of supporting documents, invoices, itemized statements of running accounts, contri- 				No.	
agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the					
documents are not available, explain if the documents are voluminous, attach a summary 8. Date-Stamped Copy. To receive an acknowledgment of the filling of your claim, enclose a stamped, self-					
addressed envelope and copy of this proof of claim.			-		
Date Sign and print the name and title if any, of the file thus claim (attach copy of power of attorn feel Barush by Joyce Pattern feel feel feel feel feel feel feel fee					USA CMC
JED BARISH			gaci	i i	

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PR	OOF OF CLAIM		
Name of Debtor	Case N	umber	1	
USA Commercial Mortgage Company	06-10	725 LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ansing after the commencement of the case. A "request" for pay administrative expense may be filed pursuant to 11 U.S.C. § 503	ve expense ment of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.	IF YOU ARE O	NLY OWED MONEY BY A BORROWE IS BEING SERVICED BY THE
Name of Creditor and Address 113212420 SOLDO, MARIE 1905 DAVINA STREET HENDERSON NV 89074	38842	statement grung particulars Check box if you have never received any notices from the bankruptcy court or	DEBTORS YOU OF CLAIM TH BORROWER H DO NOT FILE 1	J DO <u>NOT</u> HAVE TO FILE A PROOF IS INCLUDES MONEY FROM THAT IELD IN THE COLLECTION ACCOUNT I'HIS PROOF OF CLAIM FOR A
FIENDERSON NV 09074		BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	ONE OF THE D	EREST IN A BORROWER THAT IS NO EBTORS ilready filed a proof of claim with the of or BMC you do not need to file again
Creditor Telephone Number () See Attachment		court.		CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor ident Palm Harbor One	ifies deblor	Check here replace	es .	ly filed claim doled
1 BASIS FOR CLAIM	Retiree I	penefits as defined in 11 U S		I less that a series
Goods sold Personal injury/wrongful death		salanes, and compensation (f		Unremitted principal Other claims against service
☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe bnefly)	Last four	digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)	Unpaid c	ompensation for services per	formed from	10
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE OF	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxe See reverse side for important explanations	s that best descri	be your claim and state the amou	nt of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$ 100 000 00		SECURED CLAIM		
Check this box if a) there is no collateral or lien securion your claim	or b) your claim	Check this box if you	ur claim is secu	ired by collateral (including
exceeds the value of the property securing it, or if c) none or only part entitled to priority	of your claim is	a right of setoff)		-
NSECURED PRIORITY CLAIM		Bnef description of a		_
Check this box if you have an unsecured claim, all or part of which is entitled to phonly		Real Estate		e Other
Amount entitled to prionty S		Value of Collateral	s	
Specify the priority of the claim		secured claim if any \$	other charges	at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(Up to \$2 225 of deposits toward	dourchase leasi	or replainf property or
Wages salanes or commissions (up to \$10,000) earned within 180 or before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	days 🔲	services for personal family or Taxes or penalties owed to gove	household use 1	1 USC § 507(a)(7)
Contributions to an employee benefit plan 11 USC § 507(a)(5)		Other Specify applicable parag	raph of 11 U S C	§ 507(a) ()
		Amounts are subject to adjust with respect to cases commence	neni on 4i1in7 e	deven 2 was the confine
TOTAL AMOUNT OF CLAIM \$ 100 000 00 AT TIME CASE FILED	\$	\$	On or ener the	\$ 100,000 00
(unsecured)	(sec	cured)	pnonty)	
Check this box if claim includes interest or other charges in addition t	o the principal ar	nount of the claim. Attach itemi	zed slatement o	fall interest or additional chames
SUPPORTING DOCUMENTS Attach copies of supporting de nunning accounts contracts court judgments motesses accounts.	credited and decocuments, such	ducted for the purpose of mal	ung this proof o	of claim
DATE-STAMPED COPY To receive an acknowledgment of proof of claim	the filing of you	r daim enclose a stamped :	nary self addressed	envelope and copy of this
The original of this completed proof of claim form must be s ACCEPTED) so that it is actually received on or before 5.00 p for each person or entity (including including including)				THIS SPACE FOR COURT
Governmental unitel	corporations	racine time, on November : joint ventures trusts and	13 2006	USE ONLY
BY MAIL TO BMC Group	BY HAND OR	OVERNIGHT DELIVERY TO		FILED
Attn USACM Claims Docketing Center P O Box 911	Attn USACA	A Claims Docketino Center		NOV A a soor
El Segundo CA 90245-0911	1330 East Fi	ranklin Avenue]	NOV 09 2006
SIGN and onnt the name and title if any of this claim (attach copy) of power of att	the read los os all	ner person authorized to file		USA CMC
7/06 // pree / Pe		rie ^c oldo, General .	Partner	

Penalty for pre_enting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

FORM B10 (Official Form 10) (10/05)

UNITED STATES	S BANKRUPICY COURT	D	ISTRIC	ים די	Moveda	112	
							PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR							
NOTE This form							
	should not be used to make a claim for an admini- quest for payment of an administrative expense ma					ncemen	
Name of Condition	(The stance of other patricular than the		haak he	F.	ou ero owere that	20000	4
B	(The person or other entity to whom the y or property) Dry R. Thompson an unmarried man				ou are aware that proof of claim re		
Grego	ory R Thompson an unmarried man		our clai ving pa		tach copy of state	ment	
					ou have never rec	erved anv	
Name and address Gregory R The	s where notices should be sent	_ no	otices f		e bankruptcy cou		
1005 W Buffin	igton Street		ise heck bo	x if th	ne address differs	from the	
Upland, CA 91	784 r 909-949-8021	a	ldress c	n the	envelope sent to y		THIS SPACE IS FOR COURT USE ONLY
	account or other number by which creditor		e court heck he	_	replaces		
identifies debtor	associated solution by which breaker		this cla	L	⊒ ·	ously filed	claim dated
1 Basis for C	laım	l	П	Ret	ree henefits as de	efined in 11	USC § 1114(a)
Goods			H	Wa	ges salaries, and	compensati	ion (fill out below)
	es performed		Ш		t four digits of yo		
	/ loaned al mjury/wrongful death				oaid compensatio		-
Taxes	See Exhibit A			troi	n(date)	to	(date)
✓ Other							(44.0)
2 Date debt v	was incurred 11-30-05	3	. If	court	judgment, date	obtained	
4 Classification	of Claim Check the appropriate box or boxes th	at best d	escribe	Vour	claim and state th	e amount o	if the claim at the time core file.
See reverse side	e for important explanations	ut ocat o			d Claim	c amount o	i the claim at the time case med
I — '	priority Claim \$ <u>50,706 85</u>			7			secured by collateral (including
b) your claim exce	nox if a) there is no collateral or lien securing you eeds the value of the property securing it or if c) claim is entitled to priority	r claim,	or a		of setoff)	our Claim is	secured by contaieral (including
only part of your	claim is entitled to priority			B	nef Description of	f Collateral	
Unsecured Prior	ıty Claım			V	Real Estate	Motor Ve	E I
Check this be	ox if you have an unsecured claim all or part of w	hich is		V	alue of Collateral	\$ Unk	nown
entitled to priority							es at time case filed included in
Amount entitled to			<u> </u>		claim if any \$_		
Specify the priority o			Up t	o \$2 2	25* of deposits to	oward purch	hase, lease or rental of property sehold use - 11 USC
Domestic supp (a)(1)(B)	port obligations under 11 USC § 507(a)(1)(A) o	r	§ 50	7(a)(7	y)	iny or nous	senoid use - 11 U S C
	es ar commissions (up to £10,000) x arms dumit		Taxe	s or p	enalties owed to	government	al units - 11 U S C § 507(a)(8)
days before filing of	es, or commissions (up to \$10 000),* earned within of the bankruptcy petition or cessation of the debte or is earlier - 11 USC § 507(a)(4)	ors L	•				f 11 USC § 507(a)()
		-	mount with	s are	subject to adjustm	ent on 4/1/0	07 and every 3 years thereafter after the date of adjustment.
	s to an employee benefit plan - II USC § 507(a)(5)					
_	int of Claim at Time Case Filed		(uns	706 (ecured	(secured	(pr	50,706 85 nonty) (Total)
Check this box interest or add	x if claim includes interest or other charges in add	ition to	he prir	cıpal	amount of the cla	um Attach	itemized statement of all
<i>((() ((((((((((</i>	ne amount of all payments on this claim has been	credited	and de	ducte	d for the nurnose	of To	Company Company
making this pro	of of claim						HIS SPACE IS FOR COURT USE ONLY
7 Supporting D	ocuments Attach copies of supporting docume	ents sucl	as pro	misse	ory notes purchas	se i	
agreements and	temized statements of running accounts contra devidence of perfection of lien DO NOT SEN	cts cour	t judgn	nents,	mortgages, secur	nty	
documents are i	not available explain If the documents are volur	ninous, a	ittach a	sumr	nary	ł	i
8 Date-Stamped	Copy To receive an acknowledgment of the fil	ing of yo	our clai	m en	close a stamped s	elf-	4 6009
Date	ope and copy of this proof of claim Sign and print the name and title if any, of the	ne crodu	or or of	her -	organ cuths I		ED JAN 11 2007
	file this claim (attach copy of power of attor	ney if a	ororo 1y)	inct p	cison aumonized	io T	
1-09-07	Gregory R Thompson	us h	()	H.,.	-		USA CMC
	Goge		11		7		
Penalty for present	ting fraudulent claim. Fine of up to \$500,000 or	imprison	ment fo	T UD	to 5 years or both	19110	1072502132

Case 06-10725-gwz Doc 8595	: 2 Er	ntered 07/10/11 14:	46·40 Da	no 7 of 12
-UNITED STATES BANKRUPTCY COURT		OF OF CLAIM	40.40 Pa	y e / w 1/
DISTRICT OF NEVADA				
Name of Debtor	Case Nu	mber		
USA COMMERCIAL MORTGAGE	١.	_		
Company	19K-7	-06-10725- LBR		
NOTE See Reverse for List of Debtors and Case Numbers	L			
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	o, an	filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
1132124100338	1	Check box if you have		
LYNNETTE S THURMAN AND JOHN H THURMAN 1635 GREYCREST WAY		never received any notices from the bankruptcy court or		IS PROOF OF CLAIM FOR A
RENO NV 89521-4052		BMC Group in this case	SECURED INTER	REST IN A BORROWER THAT IS NOT BTORS
		Check box if this address differs from the address on the		eady filed a proof of claim with the
Creditor Telephone Number (77)5-852-0431		envelope sent to you by the court.		or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies of	debtor	Check here		E IO T OIX OCONT GOL ONE!
7222	ļ	Check here light replace or if this claim amen	a previousiy	filed claim dated
1 BASIS FOR CLAIM	Retiree h	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compensation (Other claims against servicer
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INTEREST	la 15 0	OURT HIDOMENT DATE O	DTAINED	(date) (date)
2 DATE DEBT WAS INCURRED 1/-/ 1 - 5 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE O		he time case filed
See reverse side for important explanations		SECURED CLAIM		
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entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		_
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Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other - Specify applicable para * Amounts are subject to adjus		
		with respect to cases commen		
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6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>				
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DOCUMENTS If the documents are not available explain. If the d 8 DATE-STAMPED COPY To receive an acknowledgment of the			-	l envelone and conv of this
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The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm				THIS SPACE FOR COURT
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governmental units) BY MALL TO		OR OVERNIGHT DELIVERY TO	1	
BMC Group Attn USACM Claims Docketing Center	Attn USA	up .CM Claims Docketing Cente	r F I	LED OCT 2 6 2006
P O Box 911 El Segundo CA 90245-0911	1330 Eas	t Franklin Avenue do CA 90245	* *	
DATE SIGN and print the name and title if any of the	e creditor o			1104.025
this claim (attach copy of power of attorn		John Hi hur	man	USA CMC
10-22-06 Lynnette So hun	mer			1072500724

	UNITED STA	S BANKRUPTCY COURT	PRO	OF OF CLAIM	(46:40 -11 6	IGC 8 OF ±2

Na	me of Debtor		Case Nu	mber		
	. A Comme	evocal Mortgase Co	injuy &	36-10725-LBR		
		of Debtors and Case Numbers to make a claim for an administrative	expense	Check box if you are		
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	me of Creditor and			to your claim Attach copy of statement giving particulars		
	()—us 1925 1915 1915	1132124100	i	Check box if you have		
	STEPHANIE 4027 LA COL	TRAGER & LAWRENCE B TRAGER LINA RD		never received any notices from the bankruptcy court or	DO NOT FILE TH	IS PROOF OF CLAIM FOR A
	SANTA BAR	BARA CA 93110-1426		BMC Group in this case	SECURED INTER	REST IN A BORROWER THAT IS NOT BTORS
				Check box if this address differs from the address on the		eady filed a proof of claim with the
Cre	ditor Telephone Number	(805) 687-0910		envelope sent to you by the court		or BMC you do not need to file again E IS FOR COURT USE ONLY
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1 E	SASIS FOR CLAIM		Retiree t	penefits as defined in 11 U S	C § 1114(a)	**************************************
-	Goods sold Services performed	Personal injury/wrongful death Taxes		salaries, and compensation (fill out below)	Other claims against servicer
	Money loaned	Other (describe briefly)		r digits of your SS # compensation for services pe	rformed from	(not for loan balances) Viven the in the vert ////06
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ι -	CLASSIFICATION OF CL iee reverse side for important	· · · ·	s that best descr	•	unt of the claim at t	ne ume case nied
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╟╜	exceeds the value of the pr	is no collateral or lien secunng your claim or roperty securing it, or if c) none or only part	or b) your claim of your claim is	a right of setoff)		
UN	entitled to priority SECURED PRIORITY CL	_AIM		Brief description of		r— .
	•	an unsecured claim all or part of which is		Real Estate		
	entitled to priority Amount entitled to priority	¢		Value of Collateral		400,000.00
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		ns under 11 U S C § 507(a)(1)(A) or (a)(1)	(B)	Up to \$2 225* of deposits town		
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	OTAL AMOUNT OF CLA	AIM \$	\$ 10	10,955 2\$		\$ 100,955.00
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	ACCEPTED) so that it is for each person or entit	ipleted proof of claim form must be s actually received on or before 5 00 ly (including individuals, partnershi) pm, prevailir	ng Pacific time, on Novemb	ег 13, 2006	THIS SPACE FOR COURT USE ONLY
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	Attn USACM Claims Doo	cketing Center		ACM Claims Docketing Cente	FII FD n	CT 2 3 2006
	P O Box 911 El Segundo CA 90245-0	911		st Franklin Avenue do, CA 90245		- · • • • • • • • • • • • • • • • • • •
DA		SIGN and print the name and title if any this claim (attach copy of power of	of the creditor o	r other person authorized to file	······································	USA CMC
1	10/18/06	At-1 Trans	Cathorney many)	10		

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		S BANKRUPTCY COURT CT.OF NEVADA	PRO	OOF OF CLAIM		
Na	me of Debtor		Case No	umber		
	USA Commercial M	ortgage Company	06-10	725-LBR		
			1			
Thi	s form should not be used sing after the commenceme	of Debtors and Case Numbers to make a claim for an administrative exp ent of the case A "request" for payment		Check box if you are aware that anyone else has	IE VOIL ARE ON!	Y OWED MONEY BY A BORROWER
_		pe filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	BEING SERVICED BY THE
Na	ime of Creditor and TYSSELING.	Address MARK+Sharo / Vey Tysse STREET		statement giving particulars Check box if you have never received any notices	OF CLAIM THIS	O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT
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1				differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again
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	276	(if this claim amei		filed claim dated
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2 [DATE DEBT WAS INCURI	RED NOV 14 2005	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(date) (date)
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1	•	Y CLAIM \$ /000 OU		SECURED CLAIM		
X	Check this box if a) there is	no collateral or lien securing your claim or b) operty securing it or if c) none or only part of your) your claım our claım ıs	a right of setoff)		ed by collateral (including
UN	SECURED PRIORITY CL	AIM		Brief description of Real Estate	_	П онь-г
	Check this box if you have a entitled to priority	an unsecured claim all or part of which is		Value of Collateral		Other
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_	Specify the priority of the cla		_	secured claim if any	\$	
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	Contributions to an employe	50 DOTONE PICH. 11 0 0 0 3 007 (0)(0)		* Amounts are subject to adju- with respect to cases commen		
5	TOTAL AMOUNT OF CLA	IM \$ 100,000 00 + \$1	12%1	10 nthly \$		\$
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	Attn USACM Claims Docl P O Box 911	keting Center		ACM Claims Docketing Cente st Franklin Avenue	r 1 14	.LD 001 2 V 2000
_	El Segundo CA 90245-09		El Segun	do CA 90245		
DA	TE	SIGN and print the name and title if any of the this claim (attach copy of power of attor		or other person authorized to file	7	USA CMC
1	2ct 21/04		C V/	nask Jusselm	G	
Par	alty for presenting fraudulent	claim is a fine of up to \$500 000 or imprisonme	ent for un to	5 years or both 1811SC SS	52 AND 3571	1072500738

claim is a fine of up to \$500 000'or imprisonment for up to 5 years or both 118USC \$\$ \$52 SHARON VEY - TYSSELLING + MARK TYSSELLING

350 16 10 1/2 awz Doc 8505 2 Er	ltered 97/10/11 14:46:40
PRO	OOF OF CLAIM
	(BK-06-10-25 LBR)
Name of Debtor Case Mi	Imber - S-06-107252BIR
	(-S-06-10729 UBR
NOTE See Reverse for List of Debtors and Case Muribers	<u> </u>
This form should not be used to make a claim for an administrative expense	Check box if you are aware that anyone else has
arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	filed a proof of claim relating
Name of Creditor and Address	to your claim. Attach copy of statement giving particulars
11321241003458	Check box if you have
JULIE A VIRGA	never received any notices
2567 HARKNESS ST SACRAMENTO CA 95818 2325	from the bankruptcy court or BMC Group in this case DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
	Check box if this address ONE OF THE DEBTORS
	differs from the address on the lf you have already filed a proof of claim with the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number ()	court THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a proviously filed claim dated
	or a previously filed claim dated if this claim amends
	benefits as defined in 11 U S C § 1114(a) 🙀 Unremitted principal
Goods sold Personal injury/wrongful death Wages	salaries and compensation (fill out below) Other claims against servicer (not for loan balances)
1 [7]	r digits of your SS #
Money loaned Cher (describe briefly) Unpaid	compensation for services performed from (date) to (date)
	OURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describes see reverse side for important explanations	ribe your claim and state the amount of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim or b) your claim	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	a nght of setoff) Впеf description of collateral
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Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	
Wages salaries or commissions (up to \$10 000) earned within 180 days	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 75,000 \$ 7	5, 287 \$ \$,50, 287.
AT TIME CASE FILED (unsecured)	secured) (pnority) (Total)
Check this box if claim includes interest or other charges in addition to the principal	I amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and	. , , , , , , , , , , , , , , , , , , ,
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , single running accounts contracts court judgments mortgages security agreement DOCUMENTS If the documents are not available explain. If the documents	ts and evidence of perfection of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	•
The original of this completed proof of claim form must be sent by mail	or hand delivered (FAXES NOT THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevailif for each person or entity (including individuals, partnerships, corporation)	ng Pacific time, on November 13, 2006 USE ONLY
governmental units) BY MAIL TO BY HAND	OR OVERNIGHT DELIVERY TO
BMC Group BMC Gro	
P O Box 911 1330 Ea	st Franklin Avenue
	100 CA 90245 (101(1)) II MARINE MICE AN
DATE SIGN and print the name and title if any of the creditor of this claim (attach copy of power of attorney if any)	
11-10 06 1 //11/10 H	

DISTRICT OF NEVADA	PRO	of of Claim	6:40 Page	© 11 0/ 12
Name of Debtor	Case Nu	imhor.]	
	1		}	
USA Comme cial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative ex	vnense	Check box if you are	1	
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administrative expen∍e may he t led pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of	WHOSE LOAN IS	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address	MR	statement giving particulars	OF CLAIM THIS	OO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
WAYNE DOTSON Co. Peter Bogart		Check box if you have never received any notices	BORROWER HEI	D IN THE COLLECTION ACCOUNT
o Hidden Lake Court	., CEO	from the bankruptcy court or		IS PROOF OF CLAIM FOR A
Bluffton S.C. 29910		BMC Group in this case	SECURED INTER	REST IN A BORROWER THAT IS NOT BTORS
		Check box if this address differs from the address on the	If you have alre	eady filed a proof of claim with the
		envelope sent to you by the court	Bankruptcy Court	or BMC you do not need to file again
Creditor Telephone Number () (843)815-4656 Last four digits of account or other fumber by which creditor identifies	a dabtar	Count	THIS SPAC	E IS FOR COURT USE ONLY
PALM HAREOR ONE LLC	s deptoi	Check here repla	_r a previously	filed claim dated
		LI aniei		
T BASIS FOR CLAIN Goods sold Personal injury/wrongful death		benefits as defined in 11 U S	• •	Unremitted principal
Services performed Taxes		salaries and compensation ((fill out below)	Other claims against servicer (not for loan balances)
Money loaned		r digits of your SS # compensation for services pe	urformed from	·
Guarantor: Joseph Lilly	Oripaio (compensation for services pe	monned nom	to (date) (date)
2 DATE DEBT WAS INCURRED 12/14/2005	3 IF C	OURT JUDGMENT, DATE O	DBTAINED	(acto)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes the	at best descr	ibe your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or lien.	b) your claım	. 🖵	our claim is secui	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of entitled to priority	your claim is	a right of setoff)	F	
UNSECURED PRIORITY CLAIM		Brief description of		Γ 1
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entitled to priority		Value of Collateral	SHOTT	
Amount entitled to p lority \$		Amount of arrearage as secured claim, if any		at time case filed included in
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Contributions to an e nployee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer		
5 TOTAL AMOUNT OF CLAIM \$128? \$6,000. \$	50,00			\$ 56 000 + INTEREST
AT TIME CASE FILI D (unsecured)	(:	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to	the principal	amount of the claim Attach ite	emized statement o	f all interest or additional charges
6 CREDITS The amc unt of all payments on this claim has been cr	edited and	deducted for the purpose of n	naking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting do				
running accounts contracts court judgments mortgages security DOCUMENTS If the documents are not available explain. If the				I SEND ORIGINAL
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governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO		
BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BMC Gro			FILED NOV 0 8 2006
P O Box 911	1330 Eas	st Franklin Avenue		LIFED MOA A A 5000
El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of		or other person authorized to file		LICA CMC
NOV - 4 2006 this claim (attach copy of power of att	omey if any)	/	T, of	USA CMC
Wayne Dotson by Pe	ter Bo	gart, CIO	code/	1072501122

Case 06-10725-gwz Doc 8595-3 Entered 07/10/11 14:46:40 Page 12 of 12 PROOF OF CLAIM Case Number 06-10725-LBL NOTE See Reverse for List of Debtors and Case Numbers Check box if you are aware that anyone else has This form should not be used to make a claim for an administrative expense 3 10 1 11 arising after the commencement of the case. A "request" for payment of an filed a proof of claim relating to administrative expense may be filed pursuant to 11 U S C § 503 your claim Attach copy of Name of Creditor and Address. statement giving particulars 1 Umai Check box if you have 2 Country Com Ct NV 89135-1552 never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS. Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court. Creditor Telephone Number () フロスー よ33 - ルイイ THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim. 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer Wages salanes and compensation (fill out below) ☐ Taxes (not for loan balances) Services performed Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 11-4-2005 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM S Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief/description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim. If any \$6750.00Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) (Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 81,750 81,750 AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm prevailing Pacific time on November 13 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)
BY MAIL TO BY HAND OR OVERNIGHT DELIVERY TO BMC Group **BMC Group** Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 SIGN and print the name and title if any of the creditor or other person authorized to file USA CMC this claim (attach copy of power of atterney if any) 10-23-2006

Penalty for presenting fraudulent/clau fine/of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C.

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